

Town of Manchester, Connecticut

BENEFIT	High Deductible Health Plan/ Health Savings Account		BENEFIT	High Deductible Health Plan/ Health Savings Account
Costshares	Health Savings Account		Inpatient Hospital	Health Savings Account
	Deductible - \$2,000/\$4,000		General/Medical/Surgical/ Maternity (Semi-private)	Pre-cert only for Out-of-Network
	Coinsurance - 100% after plan deductible met for in network services			Covered 100% after plan deductible met
	\$4,000/\$8,000 out of pocket maximum		Ancillary Services	Covered 100% after plan deductible met
	Coinsurance - 80% after plan deductible met for out of network services		Medication, Supplies	
			Psychiatric	Covered 100% after plan deductible met Unlimited days
			Skilled Nursing/Rehabilitation Facility	Covered 100% after plan deductible met Covered up to 180 days per calendar year
	Lifetime Maximum In-Network - Unlimited		Hospice	Covered 100% after plan deductible met
	Lifetime Maximum Out-Of-Network - Unlimited			
Preventive Care			Outpatient Hospital	
Pediatric	Covered		Outpatient Surgery Facility Charges	Covered 100% after plan deductible met (Prior Authorization Required)
Adult	Covered		Diagnostic Lab & X-ray	Covered 100% after plan deductible met
Hearing	Covered		Pre-Admission Testing	Covered 100% after plan deductible met
	Screening part of physical exam			
Gynecological	Covered		Other Services	
			Durable Medical Equipment	Covered 100% after plan deductible met
Medical Services				
Medical Office Visit	Covered 100% after plan deductible met		Prosthetics	Covered 100% after plan deductible met
Outpatient PT/OT/ST/Chiro.	Covered 100% after plan deductible met 60 Combined Days per calendar year per member		Home Health Care	Covered 100% after plan deductible met Unlimited days (Prior Authorization Required)
Allergy Services	Covered 100% after plan deductible met		Vision	Covered 100% after plan deductible met Covered once every 24 months
Diagnostic Lab & X-ray	Covered 100% after plan deductible met		Prescriptions	After plan deductible is met applicable Rx copays \$5/\$10/\$20
				Three Tier Formulary RX Rider
Inpatient Medical Services	Covered 100% after plan deductible met			
Surgery Fees	Covered 100% after plan deductible met			
Office Surgery	Covered 100% after plan deductible met			
Outpatient MH/SA	Covered 100% after plan deductible met			
Emergency Care				
Emergency Room	Covered 100% after plan deductible met			
Urgent Care	Covered 100% after plan deductible met			
Ambulance	Covered 100% after plan deductible met			